

MANSFIELD INDEPENDENT SCHOOL DISTRICT
Absence from Duty Request

Name: _____ Campus/Department: _____

Requested Day(s): _____

Days will be charged to:

Discretionary Personal Leave

☐ **Local Leave**

☐ **State Local**

Shall not be allowed on the first or last instructional day of school. Shall not be used to extend days before or after breaks or school holidays.* Cannot be used before or after a designated SDCE day.

☐ **Non-Duty (13)**

Only 226-day employees

☐ **Jury Duty/Subpoena (14)**

Requires official documentation from Court to be attached.

☐ **Comp Time (15)**

Non-exempt Support Staff only.

☐ **Leave without pay (16)**

☐ **Assault Leave (21)**

☐ **School Business (10a, 10b, 10c)**

Budget Code: _____

I understand that any days I am absent from duty, that do not follow Board policy guidelines (DEC Local), will be docked from my payroll check at my daily rate of pay. I have viewed DEC local on the MISD website, the personnel website and/or in the employee handbook. I acknowledge that it is my responsibility to understand the MISD's leave policy and how it applies to the leave that I am requesting with this form. I understand how DEC local applies to the day(s) that I am requesting off.

Requestor's Signature

Date

☐ **Non-Duty (13)**

☐ **Comp Time (15)**

☐ **School Business (10)**

Non-exempt Support Staff only

Discretionary Personal Leave

☐ **State Approved**

☐ **Local Approved**

From 1 to 3 days only

☐ **Assault Leave (21)**

☐ **Discretionary Leave Denied-Employee will be docked if leave taken**

-Requested more than 3 days consecutively

-Cannot be granted because it falls under the restricted rules listed above (or) under the restriction rules per Board policy

Principal/Supervisor/Department Manager Signature

Date

Comments: _____

*school holidays include the designations "Holiday, Student Holiday/Teacher Workday, and Student Holiday/Staff Development Day" as indicated on the MISD Calendar.